

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		3				
2	1						52		3				
3	1						53		3				
4		3					54		3				
5		3					55		3				
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		1					61						
12		(1)					62						
13	1						63						
14	1						64						
15	1						65						
16		3					66						
17		3					67						
18		(1) 3					68						
19		(1) 3					69						
20		(1) 3					70						
21		(1) 3					71						
22		(1) 3					72						
23		(1) 3					73						
24		(1) 3					74						
25		(1) 3					75						
26		(1) 3					76						
27		(1) 3					77						
28		(1) 3					78						
29		(1) 3					79						
30	1						80						
31							81						
32							82						
33							83						
34	1						84						
35		3					85						
36		(1) 3					86						
37		(1) 3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		3					97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	8	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	993	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	1001					

**BEST AVAILABLE COPY**